



# APPLICATION FOR COSMETOLOGY CONTINUING EDUCATION INSTRUCTOR

State Form 49529 (R / 10-00)

INDIANA PROFESSIONAL LICENSING AGENCY  
302 W. WASHINGTON STREET, ROOM E034  
INDIANAPOLIS, IN 46204  
(317) 232-2980

**INSTRUCTIONS:** *This application must be completed by the instructor and filed by the approved educator. Attach a resume.*

Name of instructor
Address (number and street, city, state, ZIP code)
Name of continuing education educator

## QUALIFICATIONS

Instructors must possess at least one (1) of the following minimum qualifications. Please indicate all that apply.

- ☐ 1) An instructor for a cosmetology school licensed under IC 25-8-5  
Name of school: \_\_\_\_\_  
Dates of experience: \_\_\_\_\_
- ☐ 2) Possession of a Bachelor's Degree from a college or university in a related field to that in which the person is to teach or a comparable degree from a school of a foreign country. (*ATTACH TRANSCRIPT*)  
List degree(s): \_\_\_\_\_
- ☐ 3) Five (5) years of full-time experience in a profession, trade, or technical occupation relevant to cosmetology, manicuring, esthetics, or electrology.  
Indicate work experience below.

Name of present employer		Employer address
Date employed: From: To:	Brief job description:	
Name of past employer		Employer address
Date employed: From: To:	Brief job description:	
Name of past employer		Employer address
Date employed: From: To:	Brief job description:	
Name of past employer		Employer address
Date employed: From: To:	Brief job description:	
Name of past employer		Employer address
Date employed: From: To:	Brief job description:	

(over)

Outline in detail all teaching experience:

Outline in detail the qualifications which demonstrate your expertise in the cosmetology profession topics you will be teaching:

Have you attended an instructor class, seminar, or workshop in the last five years? ☐ Yes ☐ No

If Yes, indicate the approximate date, type of course, and sponsor / provider:

Are you currently licensed as a cosmetology professional? ☐ Yes ☐ No

If Yes, indicate the state you are licensed in, your license number, and length of time actively licensed:

State	License number	Length of time actively licensed
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Have you ever had a cosmetology professional license or any other license to practice in another profession denied, restricted, suspended, or revoked? ☐ Yes ☐ No If Yes, explain on a separate sheet of paper.

Is there any disciplinary action pending against you by a cosmetology board or licensing agency? ☐ Yes ☐ No

If Yes, explain on a separate sheet of paper.

I, the undersigned, certify that the information given in this application is correct to the best of my knowledge.

Signature of instructor

Date (month, day, year)

**FOR OFFICE USE ONLY**

☐ Approved ☐ Tabled ☐ Denied

Board comments:

Board signature

Board signature